

# WYOMING OFFICE OF EMS AMBULANCE BUSINESS LICENSE APPLICATION

**Notice to Applicants:** This application and the requisite application fee, (\$20.00) must be completed in its entirety and received in the Wyoming Office of EMS thirty (30) days prior to the commencement of operations. **No person may operate an ambulance until a license has been issued by the OEMS.** Incomplete applications will be returned to the applicant.

**Please Select One:**    **Initial Business License**    **Renewal**    **ALS**    **BLS**

**Intent to operate:**    **Ground ambulance**    **Rotor wing**    **Fixed wing**    **Multi-platform**

## Section 1: EMS Applicant Information

EMS Operational or trade name:		Business License #	
Mailing address:	City:	State:	Zip Code:
Physical address:	City:	State:	Zip Code:
Wyoming Secretary of State Filing number:			

## Section 2: Organizational Structure

Business Type (select one):    Sole proprietorship    Partnership    Corporation    Limited Liability Corporation (LLC)

Subsidiary or Division of    Parent Corporation    Other    (Describe)

**IF YOUR ORGANIZATION IS A PARTNERSHIP, CORPORATION, LLC, OR SUBSIDIARY OR DIVISION OF A PARENT CORPORATION, YOU MUST COMPLETE SECTION 3 BELOW.**

## Section 3: Parent Corporation, Organizational Partners, Corporate Officers and Shareholders

*If your organization has a parent corporation, you must provide contact information for the parent organization. For all parent corporations, corporations, partnerships and LLCs, you must list all partners, silent partners, and limited partners, corporate officers AND each shareholder owning 10% or more of the corporate stock. (Please attach additional sheets if necessary)*

**Parent corporation name:**

Address:			
City:	State:	ZIP Code:	Phone:

**Shareholders owning 10% or more of corporate stock:**

Name:	Shareholder percentage:		
Address:			
City:	State:	ZIP Code:	Phone:
Corporate title:			

Name:	Shareholder percentage:		
Address:			
City:	State:	ZIP Code:	Phone:
Corporate title:			

Name:	Shareholder percentage:		
Address:			
City:	State:	ZIP Code:	Phone:
Corporate title:			

*Please Submit Additional Sheets If Needed To Declare Additional Stockholders*



**Section 4: Vehicle/Vehicle Owner Information** *(If the Service's ambulances have not been issued permit numbers, you must submit a separate permit application for each ambulance (ground or air) to be operated.)*

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:

**Current Vehicles/Aircraft**

Ambulance Type (Type I, II, III, Fixed or Rotor Wing):	Make/Model	Registration # or Tail Number	Current Permit#	Current MS# (Ground Only)

**Section 5: Primary response area description**

Ambulance is operated primarily from physical address (Section 1): Yes No *(If you answer "no" please explain):*

**Describe the boundary limits in which your service is the initial or primary 911 Responder. If your service encompasses multiple units operating from separate locations, provide a detailed description for each unit/area.**

Northern boundary:

Eastern boundary:

Southern boundary:

Western boundary:

Additional description:

**Section 6: Physician Medical Director**

Name:		Address:	
City:	State:	Zip Code:	Phone:
Wyoming Medical License#:		Primary Employer:	

**I agree to serve in the capacity of Physician Medical Director as defined in the *Rules and Regulations for "Wyoming Emergency Medical Services Act of 1977"*, W.S. 33-36-101, for the agency described in this application.**

**Signature of Physician Medical Director:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Section 7: Ambulance Service Administrator**

Name:		Address:	
City:	State:	Zip Code:	Phone:

**I agree to serve in the capacity of Ambulance Administrator as defined in the *Rules and Regulations for "Wyoming Emergency Medical Services Act of 1977"*, W.S. 33-36-101, and acknowledge that I am primarily responsible for ensuring the agency's compliance with applicable statutes and rules.**

**Signature of Ambulance Administrator:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Section 8: Personnel (complete table below or submit additional documentation)

[illegible]

## Section 9: Insurance Requirements

**As part of the licensing requirements, you must provide the following with this application:**

A copy of a certificate of insurance, issued by an insurance carrier licensed to do business in Wyoming, which certificate shows that each ambulance owned or operated by the ambulance service company is covered by insurance providing for the payment of benefits and damages in at least the following amounts:

- (A) Liability coverage in the amount of one million dollars (\$1,000,000.00) for each individual claim and two million dollars (\$2,000,000.00) for personal injury or death claims arising out of any one (1) motor vehicle accident, or the limits allowed to participants of the state's Local Government Liability Pool;
- (B) Liability coverage in the amount of one hundred thousand dollars (\$100,000.00) for property damage claims arising out of any one (1) transaction or occurrence, or the limits allowed to participants of the state's Local Government Liability Pool; and
- (C) Liability coverage in the amount of two million dollars (\$2,000,000.00) for personal injury, death or other claims arising out of any one (1) transaction or occurrence, or the limits allowed to participants of the state's Local Government Liability Pool.

**I affirm that the information contained in this application is true and correct to the best of my knowledge.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

This form may be submitted via email to [ems-licensing@wyo.gov](mailto:ems-licensing@wyo.gov)

or

Mailed to:

Office of Emergency Medical Services

6101 Yellowstone Road Suite 400

Cheyenne, Wyoming 82002